PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/589969

| | | CLAIMS A | AS FILED - I | Column 2) | SMALL ENT | OTHER THAN OR SMALL ENTITY | | | | | |
|--|--|---|---|----------------------|---------------------------------|--------------------------------|-------------|------------------------|----|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | RATE | FEE | | RATE | FEE |
| BASI | IC FEE | | SMALL ENT. : | = \$ 150 | LARG | SE ENT. = \$ 300 | BASIC FEE | | OR | BASIC FEE | ₹ 50 |
| EXAI | MINATION FEE | E | Satisfies PCT Art | | | her situations = 100 / \$ 200 | EXAM. FEE | | | EXAM. FEE | SOO |
| SEAI | RCH FEE | · · · · · · · · · · · · · · · · · · · | U.S. is ISA = \$: ALL other cour \$ 200 / \$ 4 | ıntries = | ALL otr | ther situations = 250 / \$ 500 | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE | FOR EXTRA SE | PEC. PGS. | 30 minu | ıs 100 = | | / 50 = | X \$ 125 = | | | X \$ 250 = | |
| тот/ | AL CHARGEAB | SLE CLAIMS | 28 min | nus 20 = | * 8 | | X \$ 25 = | | OR | X \$ 50 = | 400 |
| INDE | EPENDENT CLA | AIMS | 3 mi | 3 minus 3 = * - | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL. | TIPLE DEPEND | DENT CLAIM PRE | ESENT | | | Ø | + \$ 180 = | | OR | + \$ 360 = | 360 |
| * If 1 | the difference | in column 1 is l | less than zero | , enter "(| 0" in co | lumn 2 | TOTAL | | OR | TOTAL | 1660 |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | SMALL | SMALL ENTITY OF | | OTHER THAN SMALL ENTITY | |
| A T | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVIO | HEST MBER IOUSLY D FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| AMEN | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | SENTATION OF M | AULTIPLE DEPI | ENDENT | CLAIM | | + \$ 180 = | | OR | + \$ 360 = | |
| | · · · · · · · · · · · · · · · · · · · | | | | TOTAL ADDIT FEE | | OR | TOTAL ADDIT. FEE | | | |
| | | (Column 1) | | (Coli | umn 2) | (Column 3) | | | | | |
| 4TB | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVI | HEST MBER IOUSLY D FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DMEN | Total | * | Minus | ** | | = | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDMENT | Independent | * | Minus | *** | | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | TOTAL ADDIT | | OR | TOTAL ADDIT. FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". | | | | | | | | | | | |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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